2010 ELECTION CYCLE Delbert Hosemann SECRETARY OF STATE REPORT OF RE Campaign Finance Secretary of State DATE STAND Check here if above is different from previous report TYPE OF REPORT November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).......Runoff Candidates Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting expenditures and has no outstanding campaign debt obligation)

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working

#### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	MANUAL TRANSPORTIONS AND DISBURSEMENTS			
Total amount of contributions	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date	
	\$33,900.00+\$1,299.00	\$ 35, 199.00	\$83,998.00	
Total amount of disbursements	\$51,223,81+\$ 397,60	\$ 51,620.81	\$ 68,069.82	
Total amount of cash on hand		\$ 15,428.18		
Signature of Director of Authority: Refer to Miss. Code Ann. §23-16	is report and to the best of my kn	lowledge and belief it is	true, accurate, and complete.	

s. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Faiture to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-611 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, Select 10: 1. Candidates for Statemine, State district, must-country and an registative enrices anount return form to se MS 39205 of fax to 601-358-1490 or 601-576-2819.

2. Candidates for countrywide and country district offices should return forms to their country Circuit Clerk.

Name of Candidate or Committee Elect John H. Greenry Judge					
Reporting period 10 1 10 through 10 23 110					
ITEMIZED RECEIPTS					

A. Source:   Corporation PAC Sindividual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full parpe John Dudley Williams	10,14,10	100.00
P.O. Box 4 City, State, Zip Code	_'_'_	\$
Name of Employer (Required)	_'_'_	
Seef Employed	_'_'_	\$
Outomay	Aggregate year-to-date	\$300.00
B. Source: Corporation ( PAC ( Individual Can Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Gene Barton	10/14/10	200.00
P.O. BOX 147	_'_'_	\$
DKolona, MS 38860 Name of Employer (Required)		\$
_ See Employed		\$
Occupation (Refulined)	Aggregate year-to-date	\$ 400.00
C. Source: Corporation PAC A individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ma + Mrs. Muchael Sullivan	1012/110	\$ 250.00
1657 CR 410	_'_'_	\$
City, State, Zip Code Calana MS 38860	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$250.00
D. Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name A. Dill	1012/110	\$ 500.00
Malling Address 7075 May Woods LN	_'_'_	\$
City, State, Zip Code  Coman Town, TN 38/38  Name of Engloyer (Required)	_'_'_	\$
- Trompson Machinery		\$
Occupation (Required)	Aggregate yearto-date	\$

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Reporting period_		10	through	10 23	10		
		ITEMI	ZED F	RÉCE	IPTS		

TI LIVIIZED IXECE	11 10	
A Source: XCorporation PAC , individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name alkins + adams, P.A	10116110	\$500,00
108 East Cellerson Street	_'_'_	\$
City, State, Alp Code No eu. m. S. 38663		\$
Name of Employer (Required) - Alamo P.A.		\$
Occupation (Required)	Aggregate year-to-date	\$500.00
B. Source: Corporation D FAC A Individual D Loan  D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Casey L. Lott	10116110	\$ 2.50.00
100 Bynum Place		\$
Spanwille, MS 38829	_'_'_	\$
Name of Employer (Required) Sey Concloued		\$
Occupation (Regulated)	Aggregate year-to-date	\$250.00
C. Source:  Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full nague Duncan Lott	10116110	\$ 250,00
Mailing Address P.O. BOK 382		\$
City, States Zip Code MS 38829	_'_'_	\$
Name of Employer (Required) Sell Employee	_'_'_	\$
Ottomous (	Aggregate year-to-date	250.00
D. Source: Corporation D PAC M Individual C Loan  Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joe E. Colbect	10114110	\$ 300.00
Mailing Address	_'_'_	\$
Treblec. MS 38875	_'_'_	\$
Name of Employer (Required)	'	\$
Occupation (Required)	Aggregate year-to-date	\$300.00

Committee	ee to E	lect )	nopen D.Ando	AJul Page -	_3 or <u>4</u>
Reporting period_	10/1		through 10 23		

### ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Haley o PAC	101110	\$ 500.00
P.D. BOK 1186	_'_'_	\$
Jackson, MS 539215	11	\$
Name of Employer (Required)		\$
Occupation (Regulard)	Aggregate year-to-date	\$ 500.00
B. Source:   Corporation  PAC (Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
E.J. + Charla Gregory	1011110	\$ 250.00
119 West buy Circle	_1_1_	\$
Oxford, MS 38655	_'_'_	\$
Name of Employer (Required)	_'_'_	\$
Investment Executive	Aggregate year-to-date	\$250.00
C. Source:   Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Kenneth +anna bill	10/6/10	\$ 300.00
P.D. Box 761		\$
West Point, MS 39773		\$
Name of Employer (Required)	_'_'_	\$
Occupation (Required)	Aggregate year-to-date	\$300.00
D. Source: Corporation PAC A Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sarry Clark	10/15/10	\$ 500.00
P.O. DOV 789	_'_'_	\$
City, State, Zin Code  MS 3882/		\$
Larry Clark Charlot	_'_'_	\$
Occupation (Required)	Aggregate year-to-date	\$500.00

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Name of Candidate or Con	to Elect John A. Great	Page	of
Reporting period	1 10 through 10 3	310	
	ITEMIZED REC	FIDTO	

THE WILL DIVING THE COLUMN TO THE COLUMN THE		
A. Source: Corporation PAC Individual Loan  Composition PAC Individual Loan  Composition PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Bank of Okolow	1011:10	unia period
Melling Address P.O. Box 3db	10/52/10	1 1 1 1
City, State, Zip Code	10,0410	\$ 10,000.5
Name of Employer (Required)	_'_'_	
Occupation (Required)	_'_'_	3.000,52.
B. Source:   Corporation   PAC   Individual   Loop	Aggregate year-to-date	\$
B. Source:   Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Mailing Address		\$
		\$
City, State, Zip Code  Name of Employer (Required)		\$
	_1_1	\$
Occupation (Required)	Aggregate	\$
C. Source:   Corporation   PAC   Individual   Loan	year-to-date	Amount of each
☐ Other (please specify) Full name	(Mo., Day, Year)	receipt this period
Mailing Address		\$
City, State, Zip Code	_''_	\$
SAND CONTROL CONTROL PROTOCOLOGY		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
D. Source: Corporation PAC Individual Loan  Other (please specify)	year-to-date  Date	Amount of each receipt
Full name	(Mo., Day, Year)	this period
Mailing Address	-'-'-	\$
City, State, Zip Code	_'_'_	\$
Name of Employer (Required)	_'_'_	\$
Occupation (Required)	_'_'_	\$
	Aggregate year-to-date	\$



DATE STAMP

Committee to Elect John A. Gregora Judge
Judicial Candidate's Authorized Judicial Political Committee
Circuit Judge Third Court Court Nictorat Dlan 3
Office sought by Judicial Candidate
- Jank of Olypping
Pull Name of Individual or Entity Providing Loan
P.D. Box 306, Okolona, MS 38860
Mailing Address of Individual or Entity Providing Loan
10/1/10
Date Loan or Extension of Credit Received  \$ 20.000.00  Dollar Amount of Loan or Extension of Credit
Sonar Amount of Loan or Extension of Credit
How the loan or extension of credit will be used:
printing advertisements
, and the state of
How and when the loan or extension of credit is to be repaid and the method of repayment :
This is a single pay loan with a
maturity date of January is soil
J. January 10, 2011
Mue Blan Kouse Po
Signature of Authorized Judicial Committee Treasurer Date Signed
market i mar

Mississippi law requires that the judicial candidate or the judicial candidate's committee shall disclose all loan documents related to such loans or extensions of credit. Accordingly, attach all such documents with this report. Mississippi Code Ann. § 23-15-1023 (1972).



DATE STAMP

Committee to Elect John A. Gregora Judge
Judicial Candidate's Authority of the state
Circuit Judge, Third Circuit Court District, Place 3
Office sought by Judicial South of Place 3
The Complete Candidate
- Jank of Oholona
Full Name of Individual or Entity Providing Loan
P.O. Box 306, Okolona, MS 38860
Mailing Address of Individual or Entity Providing Loan
01/25/01
Date Loan or Extension of C. W.
Dollar Amount of Loan or Extension of Credit
How the loan or extension of credit will be used:
O C and the control of credit will be used:
Campaign printing : Media : Consultant
o constitutione
How and when the loan or extension of country to the
How and when the loan or extension of credit is to be repaid and the method of repayment :
This is a single pay loan with a
maturity date of Changay 10 2011.
maturity date of Canuary 10, 2011.
De N. V.
Sandy 10 27 ID
Signature of Authorized Judicial Committee Treasurer Date Signed

Mississippi law requires that the judicial candidate or the judicial candidate's committee shall disclose all loan documents related to such loans or extensions of credit. Accordingly, attach all such documents with this report. Mississippi Code Ann. § 23-15-1023 (1972).

Name of Candidate or Committee	John A. Gregory Judge or 3	
Reporting period 0 tl, 2010	through_0ct 23, 2010	

### ITEMIZED DISBURSEMENTS

A. Full name		
Lamar advertising	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Bo4 1580	10/1/10	\$ 2,800.00
City, State, Zlp Code Counth, MS 38835		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$2,800.00
Med-South Fine Printers	Date	
Helling Address	(Mo., Day, Year)	Amount of each disbursement this period
P.O. BOX 606	10,1,10	\$ 8,179.13
City, State, Zip Code Cumouy, MS 38821	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$15,327.08
C. Full games  Xe Electronic Playground  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
P.O. BON 2362	101/11/10	\$ 800.00
City, State, Zip Code Supelo, MS 38803		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name  Ov Joul Eagle  Mailing Addless	Date (Mo., Day, Year)	Amount of each disbursement this period
P.O. BOY 860 City, State, Zip Code	10/1/10	\$ 601.66
Purpose of Disbursement (Optional)	01/25/01	s 300.8/
E Full com-	Aggregate Year-to-date	5902.47
Calhour County Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
P.O. BOL 278 City, State, Zip Code	101/10	\$ 340.20
Bruce, MS 38911	'	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name albany Dazette	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 300	101/11/0	\$582.76
City, State, Zip Code Glebany, MS 38652	10 22/10	\$ 145.69
Purpose of Disbursement (Optional)	Aggregate	\$728.45

Committee's alile	3
Name of Candidate or Committee elect John A. Gregory Judge	
Reporting period Oct 1, 2010 through Oct . 23, 2010	

## ITEMIZED DISBURSEMENTS

Date (Mo., Day, Year)	Amount of each disbursement this period
101 L110	\$ 556.80
	5
Aggregate Year-to-date	556.80
Date (Mo., Day, Year)	Amount of each disbursement this period
10/1/10	\$2548.98
10/1/10	154.81
Aggregate Year-to-date	S
Date (Mo., Day, Year)	Amount of each disbursement this period
10/1/10	\$ 2,500.00
_'_'_	S
Aggregate Year-to-date	\$7,500.00
Date (Mo., Day, Year)	Amount of each disbursement this period
10/1/10	\$ 21,265.00
10/0/10	\$ 3,129.00
Aggregate Year-to-date	S
Date (Mo., Day, Year)	Amount of each disbursement this period
10/6/10	\$2,295.00
10 /11 /10	s 250.00
Aggregate Year-to-date	\$ 27,739.00
Date (Mo., Day, Year)	Amount of each disbursement this period
10/7/10	\$2,800.00
_'_'_	S
	(Mo., Day, Year)  /// L / / D  Aggregate Year-to-date  (Mo., Day, Year)  /// L / / D  Aggregate Year-to-date  (Mo., Day, Year)  /// L / / D  Aggregate Year-to-date  (Mo., Day, Year)  /// L / / D  Aggregate Year-to-date  /// L / / D  /// L / / D  Aggregate Year-to-date  /// L / / D  /// L / / D  Aggregate Year-to-date

Committee late 111	3
Name of Candidate or Committee to Elect John A. Gressory Judge	0 01
Reporting period Oct. 23, 2010 through Oct. 23, 2010	_

# ITEMIZED DISBURSEMENTS

A Full pame Carel	Date (Mo., Day, Year)	Amount of each
Dept. 9600	10,15,10	Perio
City State Zin Code		
Carol Stream, IL 60129-9600 Purpose of Disbursement (Optional)	/	s
I dipose of Dispursement (Optional)	Aggregate	5 2 0 / 5 6
B. Full name	Year-to-date	\$ 286.94
U.S. Postmasta	(Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	101810	\$1,214,72
Purpose of Disbursement (Optional)	//	S
C. Full name	Aggregate Year-to-date	\$ 1,390.72
NE MS Daily Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
P.O. Boy 909 City, litate, Zip Code	10 22/10	5 561.61
Purpose of Disbursement (Optional)	_'_'_	5
D. Full name	Aggregate Year-to-date	\$4,080.40
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	'	S
	//_	\$
Purpose of Disbursement (Optional)	Aggregate	S
E. Full name	Year-to-date	
Malling Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	'	s
Purpose of Disbursement (Optional)	//	S
	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each
	/ /	disbursement this period \$
City, State, Zip Code		5
Purpose of Disbursement (Optional)	''-	
	Aggregate Year-to-date	S